

Prohibited Correspondence NotificationDATE: April 7, 2017TO: Cotner #93780FROM: Literary Review Committee

UNIT: _____

FACILITY: JHCC*REFUSE TO GIVE NAMES**A SECRET COMMITTEE OF
TERRORIST ANTI-GOVERNMENT MEMBERS*

Correspondence has been received for you which has been found to violate the ODOC rules for correspondence (OP-030117). After a review, it was determined that the material is prohibited because it contains:

1. Material (on page/s _____) that is threatening because _____
2. Plans for escape/illegal activity (describe in general terms) _____
3. Instructions for the manufacturing of _____
4. Advocates (on page/s _____):

<input type="checkbox"/>	a. the overthrow of government
<input type="checkbox"/>	b. terrorism/hatred by
5. Written material that is obscene/indecent because a publication of critical resistance abolitionist spring 2017 has racial material that creates an unsafe environment for the inmates and staff, is prohibited per OP-030117. *(A - Lin.) (5) OTHER PRISONERS, ALL BLACK, WORK BROTHERLY DOLLARS? I READ THEM - WHY IS ONLY MY COPY PROTECTED?*
6. Visual representations of a sexual nature (describe in general terms) _____
7. Contains other unauthorized material correspondence (describe) _____

You may appeal this decision through the grievance process and final disposition of the material will result 30 days after the grievance is finally resolved; or you may:

1. Return the material to the sender at inmate expense;
2. Send the material home at inmate expense; or
3. Have the material destroyed.

Failure to inform the staff in writing of your choice within 15 days of receipt of this notice will result in the staff disposing of the material in accordance with established procedures.

Received _____

Date 4/7/17 - 8:30 - P.M.

DOC 030117A (R 11/16)

A

Robert Cotton #93780
J.H.C., A-2-120
P.O. Box 548
Lexington, OK 73051

Privileged
Mail - Recd. by
by Jan White House

RECEIVED
APR 17 2017

RTS
Unmailed

the white House
1600 PENNSYLVANIA AVE, N.W.
WASHINGTON, D.C.
20500

This correspondence is from an offender under the custody of the Oklahoma Department of Corrections (ODOC). For specific information about the offender sending this correspondence such as: offense, projected release date, photo, etc., refer to our website at www.doc.state.ok.us. Click on the "Offender Search" link or contact (405) 527-5693. Further, the facility is not responsible for the substance of content. Objectionable material may be returned to the warden at Joseph Harp Correctional Center, P.O. Box 548, Lexington, OK 73051

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

COPY

TO BE COMPLETED BY OFFENDER

Facility: JHCC Date: 4/9/17Offender Name ROBERT COTNER DOC # 93780 Unit A-2-120

I request the following service(s): (Check appropriate box(s))

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)Reason for service: I NEED AN OXYGEN MACHINE TO BREATHE AT NIGHT
THERE'S A SMALL IN OUR CELL, 24/7 THAT IS LIKE
RAT PEE, STRONGEST IN EARLY MORNINGS. IT WAKES ME UP WITH A HEADACHE,
LONGS AND EYES BURNING, INTERFERES WITH MY CELMATES BREATHING, IF IT'S FROM MOUSE PEE, IT'S
BLOWING HUNTINGTON DISEASE ON US, IF IT'S FROM ALUMINUM ELECT WIRES, IT'S BLOWING TOXIC FUMES.
EITHER WAY STAFF AND MAINTENANCE CAN'T FIX IT, SO I NEED A BREATHING MACHINE AT NIGHT,
FOR OVER A MONTH NOW.I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.Offender Signature Robt Cotner Date: 4/9/17

TO BE COMPLETED BY HEALTH SERVICES

Date Received

Initials

Comment: _____

Qualified Health Care Professional_____
Date

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.